FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FI.ORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400000265 (6)

MCB CORPORATION OF WEST FLORIDA

Principal Place of Business Mailing Address 21 HAVEN AVE PO BOX 2367 **ROCKPORT MA 01966 ROCKPORT MA 01986-367** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/30/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2092329 21 26 Not Applicable Suite, Apt. #, etc. Suite Ant # etc. \$8.75 Additional X Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes X No Country Zφ Country 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name A.G.C. CO. 200 SOUTH ORANGE AVE. Street Address (P.O. Box Number is Not Acceptable) 82 2300 SUN BANK CENTER 83 ORLANDO FL Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition BLAND, ROBERT NAME 1.2 NAME 21 HAVEN AVE STREET ADDRESS 1.3 STREET ADDRESS **ROCKPORT MA** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change ☐ Addition DC 21 TITLE TITLE **BLAND, MARYANNE** 2.2 NAME NAME STREET ADDRESS 21 HAVEN AVE 2.3 STREET ADDRESS **ROCKPORT MA** CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CiTY-ST-ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the coreiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY - \$1 - ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

ROBERT BLAND

DELETE

23 MARCH 9B (978) 546-1101

Change

Addition

FILED

Mar 30 1998 8:00am

Secretary of State

:R2E034 (10/97)